


ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
Name: <u>Kim Williams</u>		Date: _____	
Home Phone: <u>894-0604</u>		Work Phone: <u>224-9353</u> Email: <u>Kim@Marpan.com</u>	
Occupation: <u>President Marpan</u>		Employer: <u>Marpan</u>	
Please check box for preferred mailing address.			
<input checked="" type="checkbox"/> Work Address: <u>P.O. Box 2068</u> City/State/Zip: <u>Tallahassee, FL 32316</u>			
<input type="checkbox"/> Home Address City/State/Zip: _____			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>52</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Landfill</u> 2nd Choice: _____			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___ Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Metropolitan Planning Organization ___ Other Areas: _____			
Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, on what Committee(s) have you served? <u>charter / affordable housing</u>			
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us			

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

11 year board member & past chair Chamber of commerce
 Economic Development Board member
 5 year Tallahassee Housing Authority commission member
 1 year Board member Tallahassee Memorial Hospital
 Business owner - we haul C&D to landfill - I have traveled country
 selling waste equipment and
 visited many
 landfills

References (you must provide at least one personal reference who is not a family member):

Name: Ed Conry Telephone: 671-0408

Address: 1301 Metropolitan Blvd.

Name: Sue Dick Telephone: 224 8116

Address: 100 N. Duval St.

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom?

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☒ Yes ☐ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☒ Yes ☐ No

If yes, please explain Morgan has sold equipment to Leon County

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No If yes, please explain

All statements and information provided in this application are true to the best of my knowledge.

Signature: [Signature]

Please return Application to

Christine Coble, Agenda Coordinator
 Leon County Board of County Commissioners
 301 South Monroe Street
 Tallahassee, FL 32301